

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044690

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 5731 Registrar's No. 175

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10610

20610

3

4 1

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7 0

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12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Macon

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Ethel White Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Macon

c. CITY OR TOWN Ethel Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED First Middle Last
Luella Mitchell

4. DATE OF DEATH Month Day Year
November 21 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
Aug 26 1881

9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
2 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housekeeping

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Audgain County Mo

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME
John Ross

13b. MOTHER'S MAIDEN NAME
Margret Willison

14. NAME OF HUSBAND OR WIFE
W. F. Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Mrs. Freda Eppreson Ethel Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH
2 wks.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis and Hypertension

Years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)
1) Ch. Decomposition 2) Hypertension 3) Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
[Signature]

22b. ADDRESS
Maudine Mission

22c. DATE SIGNED
11-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
Nov 24 1963

23c. NAME OF CEMETERY OR CREMATORY
Bunoe

23d. LOCATION (City, town, or county) (State)
Macon County Missouri

24. FUNERAL DIRECTOR ADDRESS
W. H. McCallum South Gifford Mo

25. DATE RECD. BY LOCAL REG.
11-24-63

26. REGISTRAR'S SIGNATURE
Paul M. Searcy

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W H McCallum

Licensed Embalmer No. 2052

P. O. Address South Gifford Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.